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## COMMENTARY

# Evaluation of surgical procedures for sex reassignment: a systematic review

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Received 31 March 2008; accepted 1 April 2008

We want to congratulate Sutcliffe et al. on their systematic review on the valuation of surgical procedure for sex reassignment surgery, published in the *Journal of Plastic, Reconstructive and Aesthetic Surgery*, in January 2008.<sup>1</sup> They clearly and properly evaluated the literature they were able to find (review articles, surgical techniques), at the time of their investigations.

Sutcliffe et al. performed their web investigation in October and November 2005; their article was received in August 2006; and it was accepted for publication in December 2007. The purpose of their work was to provide and evaluate the most updated literature on this subject. However, we noticed the following: Sutcliffe et al. reported 133 references, from 1980 until November 2005. A few references, already present in the scientific literature in November 2005, are missing from their article.<sup>2,3</sup> Moreover, since this article was received in August 2006, further techniques/follow ups were published,<sup>4–7</sup> subsequent to the original Sutcliffe investigation; finally, there was an 18 month gap between original receipt and publication. More articles were published in this period.<sup>8–18</sup>

All of these resulted in a 2009 systematic review, which already needs updating after its publication.

In conclusion, with this comment, we thank again Sutcliffe et al. for their work on reviewing the literature on sex reassignment surgery, and we aim to provide some further references, which should be mandatory in a 2009 evaluation of current follow ups and surgical techniques for sex reassignment surgery. This comment, together with the Sutcliffe article, can give to the JPRAS readers an updated spectrum of the current literature on sex reassignment surgery.

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doi:10.1016/j.bjps.2008.04.026

## COMMENTARY

# Evaluation of surgical procedures for sex reassignment: a systematic review

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Received 4 January 2009; accepted 7 January 2009

Sutcliffe et al. are to be applauded for having initiated the immense task of assessment of study design and quality available on the outcome of 13 distinctly defined gender confirming surgical procedures over the 26-year period from 1980 through 2005.<sup>1</sup> Based on their work, the authors conclude that the magnitude of benefit and harm of these procedures cannot be estimated accurately using the currently available level of evidence. Although I tend to agree with this observation, I have not been able to reproduce their study and its outcome. This seems to be caused largely by flaws of the study's methodology or, possibly, flaws of the description of that methodology.

As such, I could not reproduce the authors' selection of references to be screened. Using the 13 core procedures listed in their Figure 1, merely a PubMed search yielded 45,217 references published from 1980 through November 2005. Entering the comprehensive list of additional terms related to gender confirming surgery provided by the

authors in the text yielded 97,622 references. Omitting the terms that the authors wrongly related to such surgery (e.g. transvestitism etcetera, cross-dresser etcetera, and intersexuality),<sup>2</sup> the PubMed search still yielded 94,241 references. I fail to understand just how the authors reduced these large numbers of references to the 1170 that were actually screened.

Second, I found none of the included studies concerned with male-to-female surgery as listed in Table 1 to address the inclusion criteria set by the authors as all reported on the outcome of multiple, combinedly performed surgical procedures and not on the outcome of solely the core procedure mentioned. Obviously, all primary vaginoplasties over the 26-year period have routinely been performed in combination with penectomy, orchidectomy, and labiaplasty. Since 1996, clitoroplasty has routinely been included in this one-stage procedure by almost all gender confirming surgeons. Secondary or salvage vaginoplasties build on the result of previous efforts. Likewise, most (not 'some') of the female-to-male core surgical procedures are completed

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